



**ESARVHP**

New Hampshire Emergency System  
for Advance Registration of  
Volunteer Healthcare Professionals

## Radiologic Tech Registration

**PLEASE PRINT CLEARLY**

Information in RED is REQUIRED. PAGE 1

### 1. YOUR LICENSE INFORMATION EXACTLY as it appears on your professional license.

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

License # \_\_\_\_\_ State Issuing License \_\_\_\_\_ Exp. Date (mm/dd/yyyy) \_\_\_\_\_

### 2. CONTACT INFORMATION

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Country \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### 3. CONSENTS AND PLEDGES

Do you consent to NH collecting, using and maintaining your personal information? ☐ YES ☐ NO

Do you pledge the information you have provided is correct? ☐ YES ☐ NO

Do you consent to allow the State of NH to perform a background check on you? ☐ YES ☐ NO

### 4. DEPLOYMENT PREFERENCES

Are you willing to work under the auspices of the Federal Government during a declared national public health emergency?

☐ YES ☐ NO

### 5. EMERGENCY CONTACT INFORMATION

Emergency Contact Name \_\_\_\_\_

Emergency Contact Relationship ☐ Spouse ☐ Co-worker ☐ Relative ☐ Friend ☐ Other

Emergency Contact Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_



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### 6. FOREIGN LANGUAGE/SIGNING SKILLS

Language(s) other than English you speak, read and/or write, or sign \_\_\_\_\_

\_\_\_\_\_

Language Fluency ☐ Basic ☐ Conversational ☐ Fluent

American Sign Language Fluency ☐ Basic ☐ Conversational ☐ Fluent

### 7. DISASTER TRAINING

Type of specialized disaster training received \_\_\_\_\_

Date completed specialized disaster training (mm/dd/yyyy) \_\_\_\_\_

Training Institution that offered disaster training \_\_\_\_\_

Date specialized disaster training certification expires, if any (mm/dd/yyyy) \_\_\_\_\_

### 8. SPECIALIZED TRAINING YOU HAVE HAD

☐ ACLS ☐ ADLS ☐ BCLS/CPR ☐ BDLS ☐ CCRN ☐ CEN ☐ EMT ☐ EMT: B / I / P

☐ ENPC ☐ First Aid ☐ HAZ-MAT Decon ☐ HEICS ☐ ICS # \_\_\_\_\_ ☐ NIMS

☐ PALS ☐ Red Cross DSHR # \_\_\_\_\_ ☐ TNCC ☐ Wilderness First Responder

☐ Military Training (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Other Training (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### 9. OTHER VOLUNTEER ORGANIZATIONS YOU BELONG TO

☐ American Red Cross

☐ Civil Air Patrol

☐ Community Emergency Response Team

☐ Disaster Behavioral Health Response Team

☐ Disaster Medical Assistance

☐ Medical Response Corps

☐ Military Reserve

☐ National Nurse Response Team

☐ NH Public Health Network

☐ NH Strike Team

☐ State Citizens Corps Council

☐ Other (specify) \_\_\_\_\_

### 10. CERTIFICATION/REGISTRATION \*Enter information exactly as it appears on the certification

First Name\* \_\_\_\_\_

Middle Name or Initial\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Title(s)\* \_\_\_\_\_

Certification Number \_\_\_\_\_ Expiration Date (mm/dd/yyyy) \_\_\_\_\_

### 11. SPECIALTY If several specialties, enter one only.

\*Enter information exactly as it appears on specialty certification/registration.

First Name\* \_\_\_\_\_

Middle Name or Initial\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Title(s)\* \_\_\_\_\_

Organization that awarded specialty certification ☐ ARRT



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Area of specialty practice ☐ RTR ☐ RT(R) (BD) ☐ RT(R) (CI) ☐ RT(R) (CT) ☐ RT(R) (MR) ☐ RT(R) (M)  
☐ RT(R) (QM) ☐ RRA RT(R) ☐ RT(R) (VS) ☐ RT(R) (VI)

Specialty Certification Number \_\_\_\_\_ Expiration Date (mm/dd/yyyy) \_\_\_\_\_

**12. HOSPITAL** Required to assign ESAR-VHP credential level allowing you to work in a hospital.

Name of hospital where you primarily practice \_\_\_\_\_

Hospital City, State \_\_\_\_\_

What specialty do you practice in this hospital? \_\_\_\_\_

**13. CLINICALLY ACTIVE** Required to assign ESAR-VHP credential level if not currently practicing in a hospital setting.

\* Where you practice in an outpatient or other non-hospital setting

Clinical Supervisor's Name \_\_\_\_\_

Clinical Supervisor's Email \_\_\_\_\_

Clinical Supervisor's Phone (eg: 5555555555) \_\_\_\_\_

Facility Name\* \_\_\_\_\_

Facility City, State\* \_\_\_\_\_

**PRINT & MAIL ALL PAGES OF THIS FORM TO:**

Curtis Metzger  
Hospital Preparedness, Medical Reserve Corps, & ESAR-VHP Coordinator  
NH HOMELAND SECURITY & EMERGENCY MANAGEMENT  
33 Hazen Drive  
Concord, NH 03305

**THANK YOU FOR YOUR WILLINGNESS TO VOLUNTEER!**